

**ARKANSAS STATE BOARD OF COSMETOLOGY**  
**101 EAST CAPITOL, SUITE 108**  
**LITTLE ROCK, ARKANSAS 72201 -- (501) 682-2168**

**A) General Requirements: the general requirements for licensure by reciprocity are as follows:**

- 1) Applicant must be at least 18 years of age;
- 2) Applicant must have passed both a written and practical state-approved examination for the particular class of license applied for;
  - a) Any applicant who was not initially licensed by examination, as prescribed above, does not qualify for licensure by Reciprocity and will be required to pass both the written and practical examination administered by the Arkansas State Board of Cosmetology before being eligible for a license in this State. If this provision is applicable, Applicant must contact the Board's office to inquire about the requirements for examination.
- 3) Applicant must hold a current, valid license issued under the laws of another state;
- 4) The scope of practice for which the applicant is licensed in another state must be equal to or greater than the particular class of license the applicant is applying for in the State of Arkansas. To be licensed in this State in one of the occupations listed below, the scope of practice for which the Applicant is licensed in another state must include the following:
 

Cosmetologist	(hairdressing, manicuring, nail extensions, aesthetics)
Manicurist	(manicure, pedicure, nail extensions)
Aesthetics	(skin care, facials, cosmetic applications)
Instructor	(certified to teach the Cosmetologist Course)
Electrologist	(permanent hair removal by an electric needle or any other kind of device designed to permanently remove hair)
- 5) And, the Applicant will be required to personally present specified credentials during an interview conducted at the Office of The State Board of Cosmetology located at the above address. Unless it is a legal Holiday, interviews are conducted every Wednesday at 9:30 a.m. and 10:30 a.m. The interview process will take approximately 20 to 30 minutes to conduct.

**B) Credentialing Requirements: The following documents must be submitted in accordance with the prescribed procedures. Only *Original* documents will be accepted.**

- 1) Certification of Current Licensure, Scope of Practice, and Licensure by Examination. **(Affidavit(s) to be completed and sent directly to the Arkansas State Board of Cosmetology by the appropriate licensing authority). Affidavit(s) submitted by the Applicant will *not* be accepted.**
  - a) Applicant must request from the appropriate licensing authority certification of his/her current licensing record and scope of practice and certification of original licensure by examination. The affidavit(s) must be prepared and signed by an authorized designee and bear the impress of the licensing authority's state seal. The licensing authority must then send the affidavit directly to the Arkansas State Board of Cosmetology. If the state in which the applicant is currently licensed is also the state that administered the examination then only one affidavit is required; otherwise, the applicant must obtain two affidavits as applicable. The affidavit(s) must contain the following information:

- i) Examination record: Name and address of Applicant; date examination was administered; certification that the applicant passed both a written and practical examination; scope of the examination; original date of licensure.
- ii) Licensing Record: Name and address of Applicant; original date of issuance; certification of the date of expiration (note: Applicant must be currently licensed); certification of the license number, file number of identification number, etc. that said state uses for identification of each licensee; certification of the scope of the occupation for which the Applicant is licensed to practice.
- iii) **The Applicant cannot proceed with the credentialing process until such time the certification record(s) from the appropriate licensing authority has been received by the Office of the Arkansas Board of Cosmetology.**

2) Application of Intent: (Document to be mailed to the Arkansas Board of Cosmetology by the applicant)

- a) At the time the applicant requests the certification record(s) from the appropriate licensing authority, as prescribed in Section B (1), s/he must submit to the Arkansas Board of cosmetology an application of intent (color coded blue) to apply for licensure by Reciprocity. Applicant must provide a mailing address, home telephone number and a message number where s/he may be contacted. This information will be used to notify the applicant of receipt of his/her certification records from the out-of-state licensing authority. Hence, the information contained on this application form must be current and accurate since the Applicant cannot proceed with the credentialing process until such time notice has been given of receipt of his/her certification records.

3) Reciprocity Interview: (Documents to be presented by the Applicant at the time of the interview)

- a) Applicant's **current, original**, out-of-state license.
- b) Applicant must present a government-issued photographic identification card which contains the Applicant's signature and date of birth. Such forms of photographic identification are: a photographic Driver's License (any state) or an Arkansas Photographic I.D. card available from the Department of Motor Vehicles. All photographs must be recognizable as the person to whom the identification card was issued. The name on the application must match the name on the photographic I.D. card.
- c) Applicant's **original** social security card.
- d) Reciprocity fee of \$50.00. The fee includes the license. (Personal check from anyone other than the applicant will *not* be accepted; temporary checks will *not* be accepted).
- e) A completed Arkansas Application for Practitioner License. At the time of the interview, the Applicant will be required to complete an application form for licensure.
- f) In addition to the above requirements, any Applicant applying for an Instructor license must also hold a current Arkansas Cosmetologist license.

**NO PERSON MAY PRACTICE OR TEACH ANY PHASE OF COSMETOLOGY IN THIS STATE UNTIL LICENSED BY THE ARKANSAS STATE BOARD OF COSMETOLOGY.**

ALL Arkansas licenses expire on December 31st of each year. The license renewal period is from January 1 to January 31 each year. All licensees must renew their licenses in January to remain active. An application to renew an instructor license requires proof of eight (8) hours of continuing education for each year license is to be renewed with the exception of the original year of licensure. A practitioner and/or instructor working without a current Arkansas license is in violation of the Cosmetology Code and will be subject to a disciplinary hearing before the Board.

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**(501) 682-2168**

**NOTICE OF INTENT TO RECIPROCATATE TO THE STATE OF ARKANSAS**

**PLEASE PRINT USING BLUE OR BLACK INK.**

**Instructions:** The **Applicant must complete this document** and **mail to** the **Arkansas** State Board of Cosmetology. Please ensure that the information you provide is accurate and correct. You should **refer** to the **Reciprocity Licensure Requirements enclosed** with this application for procedure information. Once the Arkansas Board has received this form **and** the required Certification records, we will notify you by mail to contact our office to schedule an interview. The length of time this process requires depends strictly on you and your State Board Office.

<b>1</b>	Type of License <b><u>CIRCLE ONE</u></b>	COSMETOLOGY	MANICURE	INSTRUCTOR	AESTHETICIAN	ELECTROLOGY
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<b>2</b>	Last Name	First Name (no nicknames)	Middle Name
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<b>3</b>	Maiden Name (if applicable)	<b>4</b>	List any other <u>last</u> name you have ever used
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<b>5</b>	Address Where You Receive Mail	Apt. #	City	County	State	Zip Code
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<b>6</b>	Address Where You Live	Apt. #	City	County	State	Zip Code
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<b>7</b>	Phone (     )	Gender MALE      FEMALE	Race (Circle One)	Black	White	Am. Indian	Hispanic	Asian	Alaskan Native
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<b>8</b>	Marital Status	SSN	Date of Birth	Place of Birth (City/ State/Country)
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<b>9</b>	Name of Graduating Beauty School	City/State/Country
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<b>10</b>	In what State are you currently licensed?		<b>11</b>	In what State did you take the licensure examination?	
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**By signing this application, I certify that the information provided above is true and accurate. Further, I understand that any false statements will be sufficient grounds for the Board to deny licensure or to take disciplinary action.**

<b>12</b>	Applicant's Signature		Today's Date	
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